Date Requestor Notified

City of Hermosa Beach

1315 Valley Drive, Hermosa Beach, CA 90254

310.318-0203 - Fax 310.372-6186

Email: recordsrequest@hermosabch.org



Received By:

Referred To:

Date Referred: 2/3/17

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney—client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

Name (please print):	101050110	Email: Qak	STEP USED and IM
00017110110	Levesque	Jucis	ster 458@ aul.com
Address: 17166 Wilshire Blud Ste 1200			Phone: 310 990-0641
City: LOS Angeles, CA 90025			Fax:
Record or Document Reque	ested:		
To assist the City with your re	equest, please identify each requ	uested record/docu	ment separately. Please be as specific as
possible. Non specific inquir	ries may cause responses to be	delayed or may p	rove to be burdensome and therefore the
City may not be able to respo	nd. (Additional sheets may be ι	used) Submit all re	equests to the City Clerk's Office.
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I agree to pay all applicable above mentioned document.	fees and charges per the City Accepted method of payment:	Council Resolution Cash or check. Cre	n of Fees for any copies I request of the edit card accepted in person only.
Signature			Date
For Departmental Use Only:			
Action Requested:	Action Taken:	Ву	Date
Review Only	Document Reviewed		lon-Existent Document
Copies Requested	Copies ProvidedRefusal/Reason		other (Please Explain)
For City Clerk's Use Only:			

Notified By:

Date Picked Up or Mailed





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Name (please print):		Email:			
Gabrielle Le	vesque	gas	ster 458@ aol. com		
Address:	e Blud Ste 1201		Phone: 310 990 - 0641		
City					
Los Angeles CA, 90025			Fax:		
Record or Document Requ	iested:				
To assist the City with your	request, please identify each requ	uested record/docui	ment separately. Please be as specific as		
possible. Non specific inqu	iries may cause responses to be	delayed or may p	rove to be burdensome and therefore the		
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Action Requested:	Action Taken:	By	Date		
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Copies Requested	Copies Provided	o	ther (Please Explain)		
	Refusal/Reason				
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Date Requestor Notified	Notified By:		Date Picked Up or Mailed		